differences in cited prescribing patterns between type 2 diabetic patients in America, Australia, and Europe. For example, results from the National Health and Nutrition Examination Survey 1999–2000 cohort (2,3) and a large western U.S. study (4) are consistent in finding that ~34% of type 2 diabetic patients on medication are using insulin. However, a more recent study (5) in the Canadian primary care setting reported only a 14% use of insulin, while two independent Australian studies (6,7) and our own results show an insulin prevalence of 16–18%. Studies in Denmark (8) and France (9) establish an insulin prescription rate of 24 and 17%, respectively. It therefore appears that physicians in U.S. are more likely to initiate insulin therapy for type 2 diabetic patients than their colleagues in other Western countries. The discrepancy between physicians' attitudes, as reported by Peyrot et al. (1), and actual practice may represent a lack of generalizability of their findings or that the such "attitudes" are not the principal determinants of prescribing behavior.

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References

1. Peyrot M, Rubin RR, Lauritzen T, Skovlund SE, Snoek FJ, Matthews DR, Landgraf R, Kleinebreil L, the International Dawn Advisory Panel: Resistance to insulin therapy among patients and providers: results of the cross-national Diabetes Attitudes, Wishes, and Needs (DAWN) study. *Diabetes Care* 28:2673–2269, 2005
2. Koro CE, Bowlin SJ, Bourgeois N, Fedder DO: Glycemic control from 1988 to 2000 among U.S. adults diagnosed with type 2 diabetes: a preliminary report. *Diabetes Care* 27:17–20, 2004
3. Saydah SH, Fradkin J, Cowie CC: Poor control of risk factors for vascular disease among adults with previously diagnosed diabetes. *JAMA* 291:335–422, 2004
4. Harmel AP, Ryan D, Thompson R: Glycohemoglobin assessment program: glycated hemoglobin and epidemiologic variables in patients with type 2 diabetes. *Endocr Pract* 8:184–190, 2002
5. Harris SB, Ekoe JM, Zdanowicz Y, Webster-Bogaert S: Glycemic control and morbidity in the Canadian primary care setting (results of the diabetes in Canada evaluation study). *Diabetes Res Clin Pract* 70:90–97, 2005
6. Clifford RM, Davis WA, Cull CA, Bruce DG, Batty KT, Davis TM: Greater use of insulin by southern European compared with Anglo-Celt patients with type 2 diabetes: the Fremantle Diabetes Study. *Eur J Endocrinol* 151:579–586, 2004
7. Kemp TM, Barr EL, Zimmet PZ, Cameron AJ, Welborn TA, Colagiuri S, Phillips P, Shaw JE: Glucose, lipid, and blood pressure control in Australian adults with type 2 diabetes: the 1999–2000 AusDiab. *Diabetes Care* 28:1490–1492, 2005
8. Kristensen JK, Bro F, Sandbaek A, Dahler-Eriksen K, Lassen JF, Lauritzen T: HbAlc in an unselected population of 4438 people with type 2 diabetes in a Danish county. *Scand J Prim Health Care* 19:241–246, 2001
9. Detournay B, Raccah D, Cadilhac M, Eschwege E: Epidemiology and costs of diabetes treated with insulin in France. *Diabetes Metab* 31:3–18, 2005

Resistance to Insulin Therapy Among Patients and Providers: Results of the Cross-National Diabetes Attitudes, Wishes, and Needs (DAWN) Study

Response to Phillipov and Phillips

Phillipov and Phillips (1) suggest that our finding (2) that U.S. physicians were significantly more disposed to delay insulin therapy than were physicians in all other countries surveyed contradicted reports from other studies of the proportion of patients with type 2 diabetes taking insulin in the U.S., Australia, and some European countries. Phillipov and Phillips conclude that either our findings cannot be generalized or that attitudes are not the key determinant of prescribing behavior.

We thank Phillipov and Phillips for providing additional information regarding international differences in insulin-prescribing attitudes and behaviors. We agree that attitudes alone do not determine physician prescribing behavior. Also important is the level of perceived need for insulin. The relevance of the attitude identified in our study depends explicitly on the level of perceived need for insulin treatment (delay of insulin "until it is absolutely essential"). If the need is perceived as greater in the U.S. than in other countries, U.S. physicians might be more likely to prescribe insulin even if are they have a higher threshold for making that choice. The level of perceived need might itself be a function of attitudes or it could be a result of actual differences in need, e.g., higher BMI, worse glycemic control, patient unwillingness to change lifestyles, etc.

We believe that finding out how all of these factors combine to influence physicians' insulin-prescribing behaviors would be a major contribution to the field. We hope that others will continue the study of this issue.

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References

1. Phillipov G, Phillips PJ: Resistance to insulin therapy among patients and providers: results of the cross-national Diabetes Attitudes, Wishes, and Needs (DAWN) study (Letter). *Diabetes Care* 29:952–953, 2006
2. Peyrot M, Rubin RR, Lauritzen T, Skovlund SE, Snoek FJ, Matthews DR, Landgraf R, Kleinebreil L, the International DAWN Advisory Panel: Resistance to insulin therapy among patients and providers: results of the cross-national Diabetes Attitudes, Wishes, and Needs (DAWN) study. *Diabetes Care* 28:2673–2269, 2005

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